

EXHIBIT 1

Presuit Notices for Cain and Remaining Actions Sent Before Original Complaints Filed¹

¹ As explained in the SSC Defendants' sur-reply, this exhibit includes presuit notices for nine of the ten Cain and Remaining Actions. SSC has no record of receiving presuit notice in the tenth case (*Hubbard*), but the amended complaint in that case affirmatively alleges the Plaintiff sent presuit notice to SSC on September 10, 2013 (weeks before filing the original complaint). See *Hubbard*, Dkt. No. 1:13-cv-12922, Doc. 13 at ¶ 10.

G. BRENT BURKS

Licensed in Tennessee
Certified as a Civil Trial Specialist
brent@AskTheInsidersNow.com



CHRISTOPHER GENTRY

Licensed in Tennessee and Georgia
christ@AskTheInsidersNow.com

*By the Tennessee Commission on
Continuing Legal Education and Specialization



A PROFESSIONAL CORPORATION

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PO Box 11107 • Chattanooga, TN 37401-2107

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1111 N. Northshore Drive, Suite P-290 • Knoxville, TN 37919
865-450-8946 • 855-676-1100 • Fax 865-450-8948

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JAMES R. KENAMER

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R. LEW BELVIN, III

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lew@AskTheInsidersNow.com

JOHN D. MCMAHAN

Of Counsel

Certified in Medical Malpractice
and Civil Trial Specialist
American Board of Professional
Liability Attorneys

July 1, 2013

**VIA-CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

**Ron Calisher, Administrator
Specialty Surgery Center, PLLC
116 Brown Avenue
Crossville, TN 38555**

**Re: NOTICE OF CLAIM PURSUANT TO TENNESSEE CODE ANNOTATED §29-26-122
Patient & Claimant: Wanda Joyce Cox**

Dear Mr. Calisher:

This notice is being provided to you as the administrator for Specialty Surgery Center, PLLC. Please read the following:

The full name and date of birth of the patient whose treatment is at issue:

Wanda Joyce Cox

Date of Birth: [REDACTED]

Social Security [REDACTED]

The name and address of the claimant authorizing this notice and the relationship to the patient is:

**Wanda Joyce Cox - Patient & Claimant
363 Cedar Tree Lane, Spring City, TN 37381**

The name and address of the attorney sending this Notice is:

**James R. Kenamer, Esq.
McMAHAN LAW FIRM
P.O. Box 11107
Chattanooga, TN 37401-2107
(423) 265-1100**

This will confirm that I am the attorney representing Wanda Joyce Cox, the claimant and patient. I am giving you notice pursuant to TENNESSEE CODE ANNOTATED §29-26-121 that a medical malpractice claim will be filed against Specialty Surgery Center, PLLC within the time period required by law. The claim arises out of the severe personal injuries suffered by Wanda Joyce Cox when she was injected with contaminated drug products while Wanda Joyce Cox was under the care and treatment of Specialty Surgery Center, PLLC. The contaminated drug products were obtained by Specialty Surgery Center, PLLC from New England Compounding Pharmacy, LLC.

I HAVE REQUESTED THAT SPECIALTY SURGERY CENTER, PLLC PROVIDE TO THE McMAHAN LAW FIRM A FULL AND COMPLETE COPY OF THE ENTIRE MEDICAL RECORDS AND THE ITEMIZED MEDICAL BILLING STATEMENTS OF SPECIALTY SURGERY CENTER, PLLC, WITH REGARD TO WANDA JOYCE COX.

I HAVE REQUESTED THAT SPECIALTY SURGERY CENTER, PLLC PROVIDE TO THE McMAHAN LAW FIRM A FULL AND COMPLETE COPY OF ANY OTHER DOCUMENTS WHATSOEVER WHICH WERE GENERATED, CREATED AND/OR ARE MAINTAINED BY SPECIALTY SURGERY CENTER, PLLC, AND WHICH IN ANY WAY DISCUSS OR RELATE TO WANDA JOYCE COX.

I AM ENCLOSING A HIPAA-COMPLIANT AUTHORIZATION SIGNED BY WANDA JOYCE COX, THAT AUTHORIZES RELEASE TO THE McMAHAN LAW FIRM OF A COMPLETE COPY OF THESE MEDICAL AND OTHER DOCUMENTS.

The medical malpractice claim will be filed by Wanda Joyce Cox. As required by TENNESSEE CODE ANNOTATED §29-26-122(a)(2)(E), Wanda Joyce Cox, has executed a HIPAA-compliant medical authorization [enclosed herein] that authorizes you to obtain complete medical records relating to Wanda Joyce Cox. For your information, Wanda Joyce Cox has received evaluation and treatment for her injuries with the following medical providers:

**Cumberland Medical Center
421 South Main Street
Crossville, TN 38555-5031**

If any health care provider does not accept this HIPAA-compliant medical authorization for any reason, then please contact my offices immediately. We will use our best efforts to execute and provide a form of HIPAA-compliant medical authorization which is acceptable to the health care provider that will permit you to obtain complete medical records from that provider concerning Wanda Joyce Cox. Please be advised that neither this Notice nor the medical authorization waives the common law physician-patient privilege concerning the care and treatment of Wanda Joyce Cox.

Any correspondence or discussions with this firm about this matter should be directed to me. Please forward this Notice and the enclosures to the appropriate persons at Specialty Surgery Center, PLLC. We believe that this letter complies with the letter and spirit of TENNESSEE CODE ANNOTATED §29-26-121. If you or your counsel believe it is deficient in any way, then please promptly let us know and any defect will be promptly cured. If we do not promptly hear from you, then we will assume that you and your legal counsel believe that the letter complies with the law in all respects.

Thank you for your attention hereto.

Very truly yours,

McMAHAN LAW FIRM


James R. Kennamer
For the Firm

JRK/pwp
Enclosures

**NAME AND ADDRESS OF ALL HEALTH CARE PROVIDERS TO WHOM THIS NOTICE IS
BEING SENT PURSUANT TO TENNESSEE CODE ANNOTATED § 29-26-121(A) OF A POTENTIAL
CLAIM FOR MEDICAL MALPRACTICE:**

- 1. Specialty Surgery Center, PLLC
116 Brown Avenue
Crossville, TN 38555**

Each provider above is being sent a HIPAA-compliant medical authorization permitting each to obtain complete medical records.

G. BRENT BURKS

Licensed in Tennessee
Certified as a Civil Trial Specialist*
brent@AskTheInsidersNow.com



CHRISTOPHER GENTRY

Licensed in Tennessee and Georgia
chris@AskTheInsidersNow.com

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JAMES R. KENNAMER

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jay@AskTheInsidersNow.com



R. LEW BELVIN, III

Licensed in Tennessee
lew@AskTheInsidersNow.com

JOHN D. MCMAHAN

Of Counsel

Certified in Medical Malpractice
and Civil Trial Specialist*
American Board of Professional
Liability Attorneys

July 1, 2013

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

**Ron Calisher, Administrator
Specialty Surgery Center, PLLC
116 Brown Avenue
Crossville, TN 38555**

**Re: NOTICE OF CLAIM PURSUANT TO TENNESSEE CODE ANNOTATED §29-26-122
Patient & Claimant: Wanda Lou Dingess**

Dear Mr. Calisher:

This notice is being provided to you as the administrator for Specialty Surgery Center, PLLC. Please read the following:

The full name and date of birth of the patient whose treatment is at issue:

Wanda Lou Dingess

Social Security: [REDACTED]

Date of Birth: [REDACTED]

The name and address of the claimant authorizing this notice and the relationship to the patient is:

**Wanda Lou Dingess - Patient & Claimant
6675 Chestnut Hill Road, Crossville, TN 38571**

The name and address of the attorney sending this Notice is:

**James R. Kennamer, Esq.
McMAHAN LAW FIRM
P.O. Box 11107
Chattanooga, TN 37401-2107
(423) 265-1100**

This will confirm that I am the attorney representing Wanda Lou Dingess, the claimant and patient. I am giving you notice pursuant to TENNESSEE CODE ANNOTATED §29-26-121 that a medical malpractice claim will be filed against Specialty Surgery Center, PLLC within the time period required by law. The claim arises out of the severe personal injuries suffered by Wanda Lou Dingess when she was injected with contaminated drug products while Wanda Lou Dingess was under the care and treatment of Specialty Surgery Center, PLLC. The contaminated drug products were obtained by Specialty Surgery Center, PLLC from New England Compounding Pharmacy, LLC.

I HAVE REQUESTED THAT SPECIALTY SURGERY CENTER, PLLC PROVIDE TO THE McMAHAN LAW FIRM A FULL AND COMPLETE COPY OF THE ENTIRE MEDICAL RECORDS AND THE ITEMIZED MEDICAL BILLING STATEMENTS OF SPECIALTY SURGERY CENTER, PLLC, WITH REGARD TO WANDA LOU DINGESS.

I HAVE REQUESTED THAT SPECIALTY SURGERY CENTER, PLLC PROVIDE TO THE McMAHAN LAW FIRM A FULL AND COMPLETE COPY OF ANY OTHER DOCUMENTS WHATSOEVER WHICH WERE GENERATED, CREATED AND/OR ARE MAINTAINED BY SPECIALTY SURGERY CENTER, PLLC, AND WHICH IN ANY WAY DISCUSS OR RELATE TO WANDA LOU DINGESS.

I AM ENCLOSING A HIPAA-COMPLIANT AUTHORIZATION SIGNED BY WANDA LOU DINGESS, THAT AUTHORIZES RELEASE TO THE McMAHAN LAW FIRM OF A COMPLETE COPY OF THESE MEDICAL AND OTHER DOCUMENTS.

The medical malpractice claim will be filed by Wanda Lou Dingess. As required by TENNESSEE CODE ANNOTATED §29-26-122(a)(2)(E), Wanda Lou Dingess, has executed a HIPAA-compliant medical authorization [enclosed herein] that authorizes you to obtain complete medical records relating to Wanda Lou Dingess. For your information, Wanda Lou Dingess has received evaluation and treatment for her injuries with the following medical providers:

**Cumberland Medical Center
421 South Main Street
Crossville, TN 38555-5031**

**Mark Pierce, M.D.
145 West 4th Street, Suite 202
Cookeville, TN 38501**

**Thomas E. Clayton, M.D.
1645 S. Main Street, Suite 101
Crossville, TN 38555**

If any health care provider does not accept this HIPAA-compliant medical authorization for any reason, then please contact my offices immediately. We will use our best efforts to execute and provide a form of HIPAA-compliant medical authorization which is acceptable to the health care provider that will permit you to obtain complete medical records from that provider concerning Wanda Lou Dingess. Please be advised that neither this Notice nor the medical authorization waives the common law physician-patient privilege concerning the care and treatment of Wanda Lou Dingess.

Any correspondence or discussions with this firm about this matter should be directed to me. Please forward this Notice and the enclosures to the appropriate persons at Specialty Surgery Center, PLLC. We believe that this letter complies with the letter and spirit of TENNESSEE CODE ANNOTATED §29-26-121. If you or your counsel believe it is deficient in any way, then please promptly let us know and any defect will be promptly cured. If we do not promptly hear from you, then we will assume that you and your legal counsel believe that the letter complies with the law in all respects.

Thank you for your attention hereto.

Very truly yours,

McMAHAN LAW FIRM



James R. Kennamer
For the Firm

JRK/pwp
Enclosures

**NAME AND ADDRESS OF ALL HEALTH CARE PROVIDERS TO WHOM THIS NOTICE IS
BEING SENT PURSUANT TO TENNESSEE CODE ANNOTATED § 29-26-121(A) OF A POTENTIAL
CLAIM FOR MEDICAL MALPRACTICE:**

- 1. Specialty Surgery Center, PLLC
116 Brown Avenue
Crossville, TN 38555**

Each provider above is being sent a HIPAA-compliant medical authorization permitting each to obtain complete medical records.

LAW OFFICES

Gilreath & Associates, PLLC

BANK OF AMERICA CENTER
550 MAIN AVENUE, SUITE 600

P.O. BOX 1270

KNOXVILLE, TENNESSEE 37801-1270

TELEPHONE 865/837-2442

FACSIMILE 865/871-4118

www.sidgilreath.com

SIDNEY GILREATH
R. CHRISTOPHER GILREATH
CARY L. BAUER
TIMOTHY HOUSHOLDER
GINGER PICKARD

NASHVILLE OFFICE
222 SECOND AVENUE NORTH
NASHVILLE, TN 37203
615/258-3300

MEMPHIS OFFICE
ONE MEMPHIS PLACE
200 JEFFERSON AVENUE, SUITE 711
MEMPHIS, TENNESSEE 38102
901/527-0511

July 17, 2013

Via Certified Mail - Return Receipt Requested

Kenneth R. Lister, M.D.
116 Brown Avenue
Crossville, TN 38555

RE: Linda L. Jackson
Notice Required by T.C.A. § 29-26-121(a)

Dear Dr. Lister:

I represent Linda L. Jackson. Through me and my firm, she is asserting a potential claim for medical malpractice against you. This claim arises out of the treatment Ms. Jackson received at Specialty Surgery Center beginning on July 19, 2012 and continuing until August 21, 2013, which ultimately resulted in Ms. Jackson having to undergo testing and prophylaxis for a fungal infection as the result of a positive fungal culture from a spinal tap after an epidural steroid injection manufactured by New England Compounding Center.

The full name and date of birth of the patient whose treatment is at issue are:

Linda L. Jackson

Date of Birth: [REDACTED]

The name and address of the claimant authorizing this notice and the relationship to the patient are:

Linda L. Jackson (patient)
294 Creekway Drive
Crossville, TN 38555

The name and address of the attorney sending this notice are:

Timothy A. Housholder, Attorney
Sidney Gilreath & Associates
550 Main Avenue, Suite 600
Knoxville, TN 37902

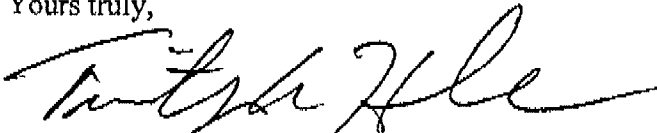
Page 2

July 17, 2013

Enclosed is a HIPPA-compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice.

Attached is a list of all healthcare providers to whom notice is being given pursuant to T.C.A. §29-26-121(a). Please have your professional liability insurance carrier's representative, or other appropriate person, contact me soon.

Yours truly,

A handwritten signature in black ink, appearing to read "Timothy A. Housholder", written over a horizontal line.

TIMOTHY A. HOUSHOLDER

TH/kfl

Enclosure

**LIST OF HEALTHCARE PROVIDERS TO WHOM NOTICE IS BEING GIVEN
PURSUANT TO TCA § 29-26-121(A)**

RE: Linda L. Jackson

The following is a list of all healthcare providers to whom notice is being given, pursuant to Tennessee Code Annotated Section 29-26-121(a), of a potential claim for medical malpractice:

1. Specialty Surgery Center, PLLC
116 Brown Avenue
Crossville, TN 38555
2. Kenneth Lister, M.D.
116 Brown Avenue
Crossville, TN 38555
3. Kenneth Lister, M.D.
Outpatient Anesthesia
2761 Sullins Street
Knoxville, TN 37919

HIPAA-COMPLIANT AUTHORIZATION FOR RELEASE OF INFORMATION
PURSUANT TO T.C.A. §29-26-121

PATIENT NAME: Linda L. Jackson
DATE OF BIRTH: [REDACTED]
SOCIAL SECURITY NO: [REDACTED]
DATES OF TREATMENT: 7/19/2012 – Present

I, Linda L. Jackson, authorize:
Kenneth R. Lister, M.D.

to obtain my complete medical records from:

Specialty Surgery Center, PLLC

This authorization is granted under HIPPA (the Health Insurance Portability and Accountability Act of 1996) to include all records information data in the possession of the above-named, including hospital, doctor, dental, psychiatric, pharmacy, therapy, and all other records. The purpose of this authorization is for full disclosure of all records for use in the investigation and possible resolution of a liability claim for personal injuries. The information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law/HIPAA Privacy Rules. I also understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment for services, or my eligibility for benefits.

I may revoke this authorization at any time, in writing, at any time except where a covered entity has taken action in reliance on this authorization. This authorization will expire when revoked by me or when the undersigned's representation by Gilreath & Associates, PLLC is concluded.

All medical records obtained pursuant to this authorization shall be copied and a copy shall be furnished to my attorneys in the care of Gilreath & Associates, 550 Main Ave., Ste. 600, Knoxville, TN 37902 within five (5) days after the records are obtained.

A photocopy of this authorization is to be considered as valid as the original.

THIS AUTHORIZATION DOES NOT PERMIT ANYONE TO DISCUSS THESE MATTERS WITH ANY MEDICAL CARE PROVIDER OR THEIR REPRESENTATIVE OUTSIDE THE PRESENCE MY ATTORNEY.

This 17 day of July, 20 13.

Linda L. Jackson
PATIENT (Personal Representative)

GOLOMB & HONIK

A PROFESSIONAL CORPORATION

Attorneys at Law

1515 MARKET STREET

SUITE 1100

Philadelphia, Pennsylvania 19102

Steven D. Resnick
sresnick@golombhonik.com

215-985-9177

Fax: 215-985-4169

September 4, 2013

Via Certified Mail and Regular Mail

Kenneth R. Lister, M.D.

116 Brown Avenue

Crossville, TN 38555

**Re: Patient: John Johnson
Notice of health care liability claim required by
Tennessee Code Annotated §29-26-121**

Dear Dr. Lister:

We are the attorneys representing John Johnson.

Through his attorney, John Johnson is asserting potential claims for health care liability against Specialty Surgical Center, including their agents, employees, physicians and pharmacists.

This potential claim arises out of care, medicines and services provided by employees and/or agents of Specialty Surgical Center to John Johnson from August, 2012 through October, 2012.

The full name and date of birth of the patient whose treatment is at issue:

John Johnson

Date of Birth: [REDACTED]

The name and address of the claimant authorizing this notice:

John Johnson

4321 Glade Creek Road

Sparta, Tennessee 38583

Page 2
September 4, 2013

The name and address of the attorney sending this notice:

Steven D. Resnick, Esquire
Golomb & Honik
1515 Market Street
Suite 1100
Philadelphia, PA 19102

Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated §12-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated §29-26-121(a)(2)(E), I also enclose a HIPAA compliant medical authorization permitting you to obtain complete medical records on John Johnson from each other provider being sent a notice. If any of those providers does not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on John Johnson.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning the care and treatment of John Johnson by an doctor who provided medical services for John Johnson. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of John Johnson.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Sincerely,



Steven D. Resnick
GOLOMB & HONIK

SDR/db
Enclosures

Via Certified Mail – Return Receipt Requested 7012 2920 0000 6650 8413

**List of all healthcare providers to whom notice is being given pursuant to Tennessee
Code Annotated Section 29-26-121(a)(2)(D)**

Re: John Johnson

**Below is a list of all healthcare providers to whom notice is being given pursuant to
Tennessee Code Annotated §29-26-121(a)(2)(D) of a potential claim for health care
liability:**

**Specialty Surgical Center
116 Brown Avenue
Crossville, TN 38555**

**Kenneth R. Lister, M.D.
Specialty Surgical Center
116 Brown Avenue
Crossville, TN 38555**

**I A COMPLIANT AUTHORIZATION FOR
PURSUANT TO 45 CFR 164.508**

TO: Keneth L. Lister MD PURPOSE: LEGAL

Patient Name: John L. Johnson AKA: _____

Date of Birth: _____ Social Security No.: _____

Address: 4321 Glade Creek Rd.

I authorize the disclosure of all protected medical information. I expressly request that all health plans and all health care providers identified above disclose full and complete protected medical information spanning the time period of 1992 to _____ including the following:

- SS • All medical records, including inpatient, outpatient and emergency room treatment, all clinical charts, reports, documents, correspondence, test results, statements, questionnaires/histories, office and doctor's handwritten notes consultation reports and any other records received by other physicians.
- SS • All autopsy, laboratory, histology, cytology, pathology, echocardiogram and cardiac catheterization reports.
- SS • All radiology films, mammograms, myelograms, CT scans, MRI's, photographs and bone scans.
- SS • All pharmacy/prescription records including NDC numbers and drug information handouts/monographs.
- SS • All billing records including all statements, itemized bills and insurance records.
- _____ • All employment records

Unless you initial here, no information about alcohol/substance abuse, or HIV/AIDS will be disclosed.

 Yes, disclose this information. No, do NOT disclose this information.

I authorize you to release the protected health information to my attorneys, GOLOMB & HONIK P.C., 1515 Market Street, Suite 1100, Philadelphia, PA 19102.

I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

Photocopies of this authorization are to be accepted with the same authority as the original.

This authorization does not apply to psychotherapy notes, psychiatric or psychological records. I acknowledge the right to revoke this authorization by writing to Golomb & Honik P.C. at the above-referenced address. However, I understand that any actions already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I acknowledge the potential for information disclosed pursuant to this authorization to be subject to redisclosure by the recipient and no longer be protected under 45 CFR 164.508. This authorization expires two years from the date below.

Signature: John L. Johnson

Date: 11-14-12

Relationship to the person who is the subject of the records: _____

Self: _____ Other: _____

Describe Authority



LAW OFFICES

Gilreath & Associates, PLLC

BIDNEY GILREATH
R. CHRISTOPHER GILREATH
CARY L. DAUER
TIMOTHY HOUSHOLDER
GINGER PICKARD

BANK OF AMERICA CENTER
550 MAIN AVENUE, SUITE 600
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TELEPHONE 865/837-2442
FACSIMILE 865/871-4118
www.gidgilreath.com

NASHVILLE OFFICE
222 SECOND AVENUE NORTH
SUITE 417
NASHVILLE, TENNESSEE 37201
615/258-3333

MEMPHIS OFFICE
ONE MEMPHIS PLACE
208 JEFFERSON AVENUE, SUITE 711
MEMPHIS, TENNESSEE 38103
901/527-0911

September 17, 2013

Via Certified Mail - Return Receipt Requested

Specialty Surgery Center, PLLC
c/o Ron Calisher, Administrator
116 Brown Avenue
Crossville, TN 38555

RE: William Lapiska
Notice Required by T.C.A. § 29-26-121(a)

Dear Mr. Calisher:

I represent William Lapiska. Through me and my firm, he is asserting a potential claim for medical malpractice against you. This claim arises out of the treatment Mr. Lapiska received at Specialty Surgery Center on September 18, 2012, wherein he received an injection of an epidural steroid manufactured by New England Compounding Center, which resulted in an a spinal fungal abscess at the site of the tainted injection. Mr. Lapiska was referred to an infectious disease specialist where he had two MRI's and a spinal tap followed by a third MRI. Mr. Lapiska was then referred to a neurologist who drained the abscess while Mr. Lapiska was hospitalized at Cookeville Regional Medical Center. Mr. Lapiska was then required to take antifungal medication for a prolonged amount of time.

The full name and date of birth of the patient whose treatment is at issue are:

William Lapiska
Date of Birth: [REDACTED]

The name and address of the claimant authorizing this notice and the relationship to the patient are:

William Lapiska (patient)
248 Lakewood Drive
Fairfield Glade, TN 38558

The name and address of the attorney sending this notice are:

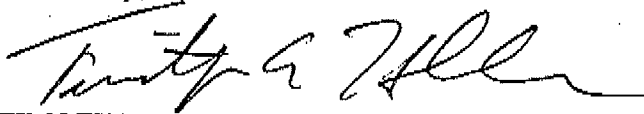
Timothy A. Housholder, Attorney
Gilreath & Associates
550 Main Avenue, Suite 600
Knoxville, TN 37902

Page 2
September 17, 2013

Enclosed is a HIPPA-compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice.

Attached is a list of all healthcare providers to whom notice is being given pursuant to T.C.A. §29-26-121(a). Please have your professional liability insurance carrier's representative, or other appropriate person, contact me soon.

Yours truly,

A handwritten signature in black ink, appearing to read "Timothy A. Housholder", written over a horizontal line.

TIMOTHY A. HOUSHOLDER

TH/kfl

Enclosure

HIPAA-COMPLIANT AUTHORIZATION FOR RELEASE OF INFORMATION
PURSUANT TO T.C.A. §29-26-121

PATIENT NAME: WILLIAM LAPISKA
DATE OF BIRTH: [REDACTED]
SOCIAL SECURITY NO: [REDACTED]
DATES OF TREATMENT: 9/18/2012 – Present

I, William Lapiska, authorize:

Specialty Surgery Center, PLLC

to obtain my complete medical records from:

Kenneth R. Lister, M.D.

This authorization is granted under HIPAA (the Health Insurance Portability and Accountability Act of 1996) to include all records information data in the possession of the above-named, including hospital, doctor, dental, psychiatric, pharmacy, therapy, and all other records.

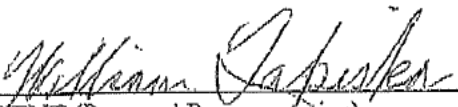
I may revoke this authorization at any time. This authorization will expire when revoked by me or when the undersigned's representation by Gilreath & Associates, PLLC is concluded.

All medical records obtained pursuant to this authorization shall be copied and a copy shall be furnished to my attorneys in the care of Timothy A. Housholder, 550 Main Avenue, Suite 600, Knoxville, TN 37902 within five (5) days after the records are obtained.

A photocopy of this authorization is to be considered as valid as the original.

THIS AUTHORIZATION DOES NOT PERMIT ANYONE TO DISCUSS THESE MATTERS WITH ANY MEDICAL CARE PROVIDER OR THEIR REPRESENTATIVE OUTSIDE THE PRESENCE OF MY ATTORNEY.

This 17th day of September, 20 13.


PATIENT (Personal Representative)

LIST OF HEALTHCARE PROVIDERS TO WHOM NOTICE IS BEING GIVEN
PURSUANT TO TCA § 29-26-121(A)

RE: WILLIAM LAPISKA

The following is a list of all healthcare providers to whom notice is being given, pursuant to Tennessee Code Annotated Section 29-26-121(a), of a potential claim for medical malpractice:

1. Dr. Kenneth R. Lister, M.D.
116 Brown Avenue
Crossville, TN 38555
2. Dr. Kenneth R. Lister, M.D.
Outpatient Anesthesia
2761 Sullins Street
Knoxville, TN 37919
3. Specialty Surgery Center, PLLC
116 Brown Avenue
Crossville, TN 38555

G. BRENT BURKS

Licensed in Tennessee
Certified as a Civil Trial Specialist
brent@AskTheInsidersNow.com



CHRISTOPHER GENTRY

Licensed in Tennessee and Georgia
chris@AskTheInsidersNow.com

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PO Box 11107 • Chattanooga, TN 37401-2107

423-265-1100 • 800-779-5822 • Fax 423-756-8120 • 423-266-1981

1111 N. Northshore Drive, Suite P 290 • Knoxville, TN 37919

865-450-8946 • 865-676-1100 • Fax 865-450-8948

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JAMES R. KENNAMER

Licensed in Tennessee, Alabama & Georgia
Certified as a Civil Trial Specialist
jry@AskTheInsidersNow.com



R. LEW BELVIN, III

Licensed in Tennessee
lew@AskTheInsidersNow.com

JOHN D. MCMAHAN

Of Counsel

Certified in Medical Malpractice
and Civil Trial Specialist
American Board of Professional
Liability Attorneys

September 3, 2013

VIA HAND DELIVERY

Donathan M. Ivey
Specialty Surgery Center, PLLC
116 Brown Avenue
Crossville, TN 38555-7703

Re: NOTICE OF CLAIM PURSUANT TO TENNESSEE CODE ANNOTATED §29-26-122

Patient: Dallas Ray Nealon

Claimant: Darwin L. Nealon, as Son, Next of Kin to and as the Administrator of the Estate of Dallas Ray Nealon, Deceased

Dear Mr. Ivey:

This notice is being provided to you as the registered agent for service of process for Specialty Surgery Center, PLLC. Please read the following:

The full name and date of birth of the patient whose treatment is at issue:

Dallas Ray Nealon

Social Security

Date of Birth:

The name and address of the claimant authorizing this notice and the relationship to the patient is:

Claimant: Darwin L. Nealon, as Son, Next of Kin to and as the Administrator of the Estate of Dallas Ray Nealon, Deceased
1260 Crosscreek Drive, Ap. 71., Brunswick, Ohio 44212

The name and address of the attorney sending this Notice is:

James R. Kennamer, Esq.
McMAHAN LAW FIRM
P.O. Box 11107
Chattanooga, TN 37401-2107
(423) 265-1100

This will confirm that I am the attorney representing Darwin L. Nealon, as Son, Next of Kin to and as the Administrator of the Estate of Dallas Ray Nealon, Deceased, the claimant. I am giving you notice pursuant to TENNESSEE CODE ANNOTATED §29-26-121 that a medical malpractice claim will be filed against Specialty Surgery Center, PLLC within the time period required by law. The claim arises out of the severe personal injuries suffered by Dallas Ray Nealon which caused his death on December 9, 2012, after he was injected with contaminated drug products while Dallas Ray Nealon was under the care and treatment of Specialty Surgery Center, PLLC. The contaminated drug products were obtained by Specialty Surgery Center, PLLC from New England Compounding Pharmacy, LLC.

I HAVE REQUESTED THAT SPECIALTY SURGERY CENTER, PLLC PROVIDE TO THE McMAHAN LAW FIRM A FULL AND COMPLETE COPY OF THE ENTIRE MEDICAL RECORDS AND THE ITEMIZED MEDICAL BILLING STATEMENTS OF SPECIALTY SURGERY CENTER, PLLC, WITH REGARD TO DALLAS RAY NEALON.

I HAVE REQUESTED THAT SPECIALTY SURGERY CENTER, PLLC PROVIDE TO THE McMAHAN LAW FIRM A FULL AND COMPLETE COPY OF ANY OTHER DOCUMENTS WHATSOEVER WHICH WERE GENERATED, CREATED AND/OR ARE MAINTAINED BY SPECIALTY SURGERY CENTER, PLLC, AND WHICH IN ANY WAY DISCUSS OR RELATE TO DALLAS RAY NEALON.

I AM ENCLOSING A HIPAA-COMPLIANT AUTHORIZATION SIGNED BY DARWIN L. NEALON, AS SON, NEXT OF KIN TO AND AS THE ADMINISTRATOR OF THE ESTATE OF DALLAS RAY NEALON, DECEASED, THAT AUTHORIZES RELEASE TO THE McMAHAN LAW FIRM OF A COMPLETE COPY OF THESE MEDICAL AND OTHER DOCUMENTS. I AM ALSO ENCLOSING A COPY OF THE ORDER APPOINTING DARWIN L. NEALON AS THE REPRESENTATIVE OF HIS FATHER'S ESTATE FOR A CAUSE OF ACTION ONLY.

The medical malpractice claim will be filed by Darwin L. Nealon, as Son, Next of Kin to and as the Administrator of the Estate of Dallas Ray Nealon, Deceased. As required by TENNESSEE CODE ANNOTATED §29-26-122(a)(2)(E), Darwin L. Nealon, as Son, Next of Kin to and as the Administrator of the Estate of Dallas Ray Nealon, Deceased, has executed a HIPAA-compliant medical authorization [enclosed herein] that authorizes you to obtain complete medical records relating to Dallas Ray Nealon, Deceased. For your information, Dallas Ray Nealon has received evaluation and treatment for his injuries with the following medical providers:

**Cumberland Medical Center
421 South Main Street
Crossville, TN 38555-5031**

**Cookeville Regional Medical Center
142 W. 5th Street
Cookeville, TN 38501**

**Joanna Gibbs Whitmill, M.D.
100 Lantana Road, Suite 202
Crossville, TN 38555**

**Good Samaritan Society - Fairfield Glade
100 Samaritan Way
Crossville, TN 38558**

**Cumberland County EMS
84 South Bend Drive
Crossville, TN 38555**

If any health care provider does not accept this HIPAA-compliant medical authorization for any reason, then please contact my offices immediately. We will use our best efforts to execute and provide a form of HIPAA-compliant medical authorization which is acceptable to the health care provider that will permit you to obtain complete medical records from that provider concerning Dallas Ray Nealon. Please be advised that neither this Notice nor the medical authorization waives the common law physician-patient privilege concerning the care and treatment of Dallas Ray Nealon.

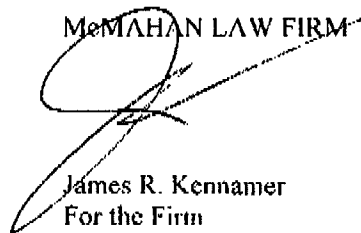
Any correspondence or discussions with this firm about this matter should be directed to me. Please forward this Notice and the enclosures to the appropriate persons at Specialty Surgery Center, PLLC. We believe that this letter complies with the letter and spirit of TENNESSEE CODE ANNOTATED §29-26-121.

If you or your counsel believe it is deficient in any way, then please promptly let us know and any defect will be promptly cured. If we do not promptly hear from you, then we will assume that you and your legal counsel believe that the letter complies with the law in all respects.

Thank you for your attention hereto.

Very truly yours,

McMAHAN LAW FIRM



James R. Kennamer
For the Firm

JRK/pwp
Enclosures

NAME AND ADDRESS OF ALL HEALTH CARE PROVIDERS TO WHOM THIS NOTICE IS BEING SENT PURSUANT TO TENNESSEE CODE ANNOTATED § 29-26-121(A) OF A POTENTIAL CLAIM FOR MEDICAL MALPRACTICE:

1. **Specialty Surgery Center, PLLC**
116 Brown Avenue
Crossville, TN 38555
2. **Cumberland Medical Center, Inc.**
421 S. Main Street
Crossville, TN 38555-5031

Each provider above is being sent a HIPAA-compliant medical authorization permitting each to obtain complete medical records.

AUTHORIZATION FOR PRODUCTION OF MEDICAL DOCUMENTATION

Pursuant to TENNESSEE CODE ANNOTATED §29-26-122(a)(2)(E), I, Darwin L. Nealon, have executed this HIPAA-compliant medical authorization that authorizes the Specialty Surgery Center, PLLC, and/or the designated legal representative for Specialty Surgery Center, PLLC, to obtain complete medical records regarding my deceased father, Dallas Ray Nealon, Social Security No. [REDACTED] Date of Birth: [REDACTED]

The medical documentation which is authorized to be copied and produced to Specialty Surgery Center, PLLC, and/or the designated legal representative for Specialty Surgery Center, PLLC, would include, but not be limited to, medical records, medical reports, medical charts, X-ray reports or films, diagnostic studies, psychiatric records, psychological records, pharmacy or prescription medication records, pathology reports or slides, medical billing statements, and/or other documents, writings or tangible things related to the medical care and treatment of Dallas Ray Nealon. The medical information that is authorized to be produced includes, but is not limited to, protected health information as defined at 45 C.F.R. 164.500, *et seq.*, (The HIPAA Privacy Rule).

I, Darwin L. Nealon, understand that the information in the health records may include information which is related to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

I, Darwin L. Nealon, understand that I have the right to revoke this authorization at any time. I, Darwin L. Nealon, understand that if I revoke this authorization I must do so in writing and present my written revocation to the health information management department and/or employment human resources or personnel department. I, Darwin L. Nealon, understand that the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date, or event or condition: June 28, 2020.

I, Darwin L. Nealon, understand that authorizing the disclosure of this health information is voluntary and that I can refuse to sign this authorization. I, Darwin L. Nealon, understand that I may inspect or copy the information to be used or disclosed, as provided by C.F.R. 164.524. I, Darwin L. Nealon, understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

I, Darwin L. Nealon, understand that the medical documentation and health information is being disclosed due to my claims for the severe injuries and death of my father, Dallas Ray Nealon, which I allege were caused when my father, Dallas Ray Nealon, was injected with contaminated drug products while he was under the care and treatment of Specialty Surgery Center, PLLC. The contaminated drug products were obtained by Specialty Surgery Center, PLLC from New England Compounding Pharmacy, LLC.

This health information may be disclosed to and may be used by the following organization:

Specialty Surgery Center, PLLC, and/or the designated
legal representative for Specialty Surgery Center, PLLC
116 Brown Avenue
Crossville, TN 38555
Telephone # (931) 484-2500

Darwin L. Nealon

Date: _____

7/26/13

Darwin L. Nealon, as Son, Next of Kin to
and as Administrator of the Estate of
Dallas Ray Nealon, Deceased

AUTHORIZATION FOR PRODUCTION OF MEDICAL DOCUMENTATION

Pursuant to TENNESSEE CODE ANNOTATED §29-26-122(a)(2)(E), I, Darwin L. Nealon, have executed this HIPAA-compliant medical authorization that authorizes the MCMAHAN LAW FIRM to obtain complete medical records regarding my deceased father, Dallas Ray Nealon, Social Security No.:

Date of Birth: [REDACTED]

The medical documentation which is authorized to be copied and produced to MCMAHAN LAW FIRM would include, but not be limited to, medical records, medical reports, medical charts, X-ray reports or films, diagnostic studies, psychiatric records, psychological records, pharmacy or prescription medication records, pathology reports or slides, medical billing statements, and/or other documents, writings or tangible things related to the medical care and treatment of Dallas Ray Nealon. The medical information that is authorized to be produced includes, but is not limited to, protected health information as defined at 45 C.F.R. 164.500, *et seq.*, (The HIPAA Privacy Rule).

I, Darwin L. Nealon, understand that the information in the health records may include information which is related to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

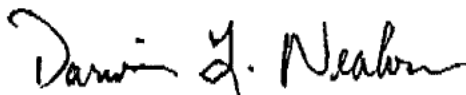
I, Darwin L. Nealon, understand that I have the right to revoke this authorization at any time. I, Darwin L. Nealon, understand that if I revoke this authorization I must do so in writing and present my written revocation to the health information management department and/or employment human resources or personnel department. I, Darwin L. Nealon, understand that the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date, or event or condition: June 28, 2020.

I, Darwin L. Nealon, understand that authorizing the disclosure of this health information is voluntary and that I can refuse to sign this authorization. I, Darwin L. Nealon, understand that I may inspect or copy the information to be used or disclosed, as provided by C.F.R. 164.524. I, Darwin L. Nealon, understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

I, Darwin L. Nealon, understand that the medical documentation and health information is being disclosed due to my claims for the severe injuries and death of my father, Dallas Ray Nealon, which I allege were caused when my father, Dallas Ray Nealon, was injected with contaminated drug products while he was under the care and treatment of Specialty Surgery Center, PLLC. The contaminated drug products were obtained by Specialty Surgery Center, PLLC from New England Compounding Pharmacy, LLC.

This health information may be disclosed to and may be used by the following organization:

MCMAHAN LAW FIRM
P.O. Box 11107
Chattanooga, TN 37401-2107
Telephone # (423) 265-1100



Date: 7/26/13

Darwin L. Nealon, as Son, Next of Kin to
and as Administrator of the Estate of
Dallas Ray Nealon, Deceased

IN THE PROBATE AND FAMILY COURT OF CUMBERLAND COUNTY, TENNESSEE

IN THE MATTER OF THE ESTATE OF
DALLAS RAY NEALON, DECEASED.

No. 2013-PF-3466

*
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*

ORDER APPOINTING PERSONAL REPRESENTATIVE FOR CAUSE OF ACTION ONLY

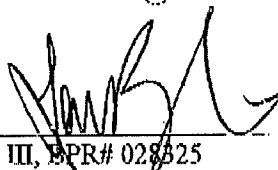
On Aug. 1, 2013, Darwin L. Nealon presented to the Court a petition to have himself appointed Administrator *ad litem* of the Estate of Dallas Ray Nealon, deceased, and R. Lew Belvin, III, Attorney for the petitioner, moved the Court to appoint Darwin L. Nealon as Administrator *ad litem* of said estate for the limited purpose of a cause of action only.

It appearing to the Court that said Deceased Dallas Ray Nealon died on December 9, 2012, and the decedent's usual place of residence at the time of death was in Cumberland County, Tennessee.


IT IS ORDERED,

The estate be opened for cause of action only, no further reports are required by the Probate Court in this cause, and no Bond is required by the Probate Court, the costs having been paid in full by Petitioner.

ENTER Aug 1, 2013.

APPROVED: 
R. Lew Belvin, III, BPR# 028825
McMAHAN LAW FIRM
P.O. Box 11107
Chattanooga, TN 37401-2107
(423) 265-1100
Attorney for Petitioner, Darwin L. Nealon

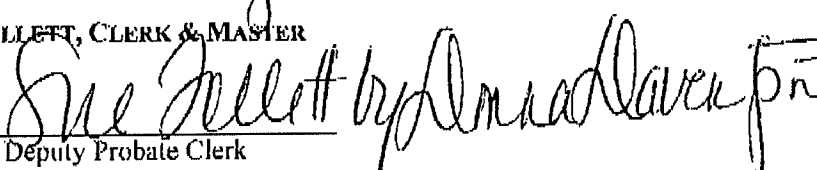

THE HONORABLE LARRY M. WARNER, JUDGE

FILED
Date 8-1-13 3:40 AM
Entered 8-1-13
SUE TOLLETT, CLERK & MASTER
Cumberland County, Crossville, TN
BY 

The undersigned hereby certifies that a copy of this Order has been provided to the counsel for the Petitioner in this case.

This 1st day of August, 2013.

SUE TOLLETT, CLERK & MASTER

By: 
Deputy Probate Clerk

STATE OF TENNESSEE, COUNTY OF CUMBERLAND
I, THE UNDERSIGNED, CLERK & MASTER OF SAID
COUNTY AND STATE, DO HEREBY CERTIFY THAT
THIS IS A TRUE AND CORRECT COPY OF THE
ORIGINAL OF THIS INSTRUMENT.

THIS 1st DAY OF August, 2013

CLERK & MASTER

SCOTT & CAIN

Attorneys at Law
550 W. Main Street, Suite 601
Knoxville, TN 37902
Telephone: (865) 525-2150
Facsimile: (865) 525-2120

Thomas S. Scott, Jr.
scott@scottandcain.com

Christopher T. Cain
cain@scottandcain.com

July 17, 2013

Specialty Surgery Center, PLLC
c/o Donathan M Ivey, Registered Agent
116 Brown Ave
Crossville, TN 38555-7703

Certified Mail/Return Receipt Requested

In Re: Jocelyn Kae Norris

DOB: [REDACTED]

SSN: [REDACTED]

T.C.A. § 29-26-121. Claim for health care liability - - Notice - - Evidence of Compliance - - Limitations - - Copies of medical records

Dear Mr. Ivey:

In conformity with the provisions of Tennessee Code Annotated § 29-26-121, you are hereby provided with the following information regarding the potential malpractice claim of:

- (A) Full Name and date of birth of the patient whose treatment is at issue:
Jocelyn Kae Norris
DOB: [REDACTED]
- (B) Name and address of the claimant authorizing the notice and the relationship to patient:
Jocelyn Kae Norris
287 Kingsdown Drive
Fairfield Glade, TN 38558
- (C) Name and address of the attorney(s) sending the notice:
Thomas S. Scott, Jr.
Christopher T. Cain
SCOTT & CAIN
550 W. Main Street, Suite 601
Knoxville, TN 37902
(865) 525-2150

July 17, 2013

Page 2

(D) List of the name and address of all providers being sent a notice:

Specialty Surgery Center, PLLC
116 Brown Ave
Crossville, TN 38555-7703

Specialty Surgery Center, PLLC
c/o Donathan M Ivey, Registered Agent
116 Brown Ave
Crossville, TN 38555-7703

Specialty Surgical Center
116 Brown Ave
Crossville, TN 38555-7703

Also enclosed is a HIPPA compliant medical authorization permitting you to obtain the complete medical records of Jocelyn Kae Norris from each health care provider receiving this Notice.

With kind regards,

Sincerely yours,

A handwritten signature in black ink, appearing to read 'CTC', with a long horizontal line extending to the right.

Christopher T. Cain

CTC:ada
Enclosure

AUTHORIZATION BY PATIENT FOR RELEASE AND DISCLOSURE OF MEDICAL AND HEALTH INFORMATION RECORDS

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand the information may be re-disclosed and may no longer be protected by federal privacy regulation.

Patient's Full Name: Jocelyn Kae Norris
Date of Birth: [REDACTED]
Social Security Number: [REDACTED]

1. Persons/Entities Authorized to Disclose Information:

Specialty Surgery Center, PLLC
Specialty Surgical Center

2. Persons/organizations authorized to receive the information:

This information is to be disclosed to:

Specialty Surgery Center, PLLC
116 Brown Ave
Crossville, TN 38555-7703

Specialty Surgery Center, PLLC
c/o Donathan M Ivey, Registered Agent
116 Brown Ave
Crossville, TN 38555-7703

Specialty Surgical Center
116 Brown Ave
Crossville, TN 38555-7703

or their employees or representatives.

3. Specific description of the information that may be used/disclosed:

The information to be disclosed is: a copy of the patient's complete medical record, including opinions, notes, reports, history and physical examinations, progress notes, discharge summaries, consultation reports, laboratory tests, radiological test reports, statements, information related to psychiatric or psychological care, information related to diagnosis or treatment of AIDS, HIV, or any other sexually transmitted disease, information concerning treatment for alcohol and/or drug abuse, or other records in your custody or control.

4. This information will be used/disclosed for the following purpose(s):

This information is to be disclosed for the purpose of use in a civil action in which the patient's physical and/or mental condition is at issue.

5. This authorization can be revoked at any time by the patient. To revoke the Authorization, the patient must provide written notice of revocation to the provider of the individually identifiable health information. Such revocation will only be effect from the date it is received and will not apply to information that has already been released in response to this Authorization.

6. Patient's (or patient's representative's) refusal to sign this authorization will not affect patient's eligibility for benefits, or his/her ability to obtain treatment, receive payments, or enroll in a health plan.

Unless otherwise revoked, this Authorization will expire 120 days from the date signed, or at the conclusion of the civil action, whether by trial, settlement, or other conclusion.

7. A copy of this Authorization will be provided to the patient after it is signed. A photocopy of this Authorization has the same force and effect as the original executed Authorization.

SIGNED: Jocelyn Kae Norris
Jocelyn Kae Norris

DATE: 7/16/2013

Printed name of patient: Jocelyn Kae Norris

Description of such representative's authority to the patient, if applicable: N/A

SCOTT & CAIN

Attorneys at Law
550 W. Main Street, Suite 601
Knoxville TN 37902
Telephone: (865) 525-2150
Facsimile: (865) 525-2120

Thomas S. Scott, Jr.
scott@scottandcain.com

Christopher T. Cain
cain@scottandcain.com

July 17, 2013

Kenneth R. Lister, M.D.
c/o Specialty Surgical Center
116 Brown Avenue
Crossville, Tn 38555-7703

Certified Mail/Return Receipt Requested

In Re: James L. Palmer

DOB: [REDACTED]

SSN: [REDACTED]

*T.C.A. § 29-26-121. Claim for health care liability - - Notice - - Evidence of
Compliance - - Limitations - - Copies of medical records*

Dear Dr. Lister:

In conformity with the provisions of Tennessee Code Annotated § 29-26-121, you are hereby provided with the following information regarding the potential malpractice claim of:

- (A) Full Name and date of birth of the patient whose treatment is at issue:
James L. Palmer
DOB: [REDACTED]
- (B) Name and address of the claimant authorizing the notice and the relationship to patient:
James L. Palmer
8024 Delaware Drive
Crossville, TN 38572
- (C) Name and address of the attorney(s) sending the notice:
Thomas S. Scott, Jr.
Christopher T. Cain
SCOTT & CAIN
550 W. Main Street, Suite 601
Knoxville, TN 37902
(865) 525-2150

July 17, 2013

Page 2

(D) List of the name and address of all providers being sent a notice:

Kenneth R. Lister, MD
Knoxville, TN 37920

Kenneth R. Lister, MD
c/o Outpatient Anesthesia
2761 Sullins Street
Knoxville, TN 37919

Kenneth R. Lister, MD
c/o Outpatient Anesthesia, P.C.
2761 Sullins Street
Knoxville, TN 37919

Dr. Kenneth R. Lister, MD
c/o Specialty Surgery Center
116 Brown Ave
Crossville, TN 38555

Kenneth R. Lister, MD
P.O. Box 52364
Knoxville, TN 37950

Kenneth R. Lister, MD, PC
116 Brown Ave
Crossville, TN 38555

Dr. Kenneth Lister, MD
c/o Specialty Surgery Center
116 Brown Ave
Crossville, TN 38555

Kenneth R. Lister, M.D.
c/o Specialty Surgical Center
116 Brown Avenue
Crossville, TN 38555-7703

Outpatient Anesthesia
2761 Sullins Street
Knoxville, TN 37919

July 17, 2013
Page 3

Outpatient Anesthesia, P.C.
2761 Sullins Street
Knoxville, TN 37919

Outpatient Anesthesia, P.C.
c/o Dr Richard Gillespie, Registered Agent
2761 Sullins St
Knoxville, TN 37919

Specialty Surgery Center, PLLC
116 Brown Ave
Crossville, TN 38555-7703

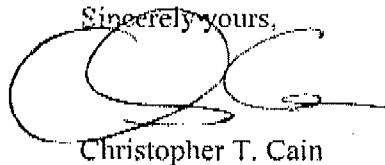
Specialty Surgery Center, PLLC
c/o Donathan M Ivey, Registered Agent
116 Brown Ave
Crossville, TN 38555-7703

Specialty Surgical Center
116 Brown Ave
Crossville, TN 38555-7703

Also enclosed is a HIPPA compliant medical authorization permitting you to obtain the complete medical records of James L. Palmer from each health care provider receiving this Notice.

With kind regards,

Sincerely yours,

A handwritten signature in black ink, appearing to read "Christopher T. Cain", with a stylized flourish at the end.

Christopher T. Cain

CTC:ada
Enclosure

AUTHORIZATION BY PATIENT FOR RELEASE AND DISCLOSURE OF MEDICAL AND HEALTH INFORMATION RECORDS

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand the information may be re-disclosed and may no longer be protected by federal privacy regulation.

Patient's Full Name: James L. Palmer
Date of Birth: [REDACTED]
Social Security Number: [REDACTED]

1. Persons/Entities Authorized to Disclose Information:

Kenneth R. Lister, MD
Outpatient Anesthesia
Outpatient Anesthesia, P.C.
Specialty Surgery Center, PLLC
Specialty Surgical Center

2. Persons/organizations authorized to receive the information:

This information is to be disclosed to:

Kenneth R. Lister, MD
Knoxville, TN 37920

Kenneth R. Lister, MD
c/o Outpatient Anesthesia
2761 Sullins Street
Knoxville, TN 37919

Kenneth R. Lister, MD
c/o Outpatient Anesthesia, P.C.
2761 Sullins Street
Knoxville, TN 37919

Dr. Kenneth R. Lister, MD
c/o Specialty Surgery Center
116 Brown Ave
Crossville, TN 38555

Kenneth R. Lister, MD
P.O. Box 52364
Knoxville, TN 37959

Kenneth R. Lister, MD, Pa
116 Brown Ave
Crossville, TN 38555

Dr. Kenneth Lister, MD
c/o Specialty Surgery Center
116 Brown Ave
Crossville, TN 38555

Kenneth R. Lister, M.D.
c/o Specialty Surgical Center
116 Brown Avenue
Crossville, TN 38555-7703

Outpatient Anesthesia
2761 Sullins Street
Knoxville, TN 37919

Outpatient Anesthesia, P.C.
2761 Sullins Street
Knoxville, TN 37919

Outpatient Anesthesia, P.C.
c/ Dr Richard Gillespie, Registered Agent
2761 Sullins St
Knoxville, TN 37919

Specialty Surgery Center, PLLC
116 Brown Ave
Crossville, TN 38555-7703

Specialty Surgery Center, PLLC
c/o Donathan M Ivey, Registered Agent
116 Brown Ave
Crossville, TN 38555-7703

Specialty Surgical Center
116 Brown Ave
Crossville, TN 38555-7703

or their employees or representatives.

3. Specific description of the information that may be used/disclosed:

The information to be disclosed is: a copy of the patient's complete medical record, including opinions, notes, reports, history and physical examinations, progress notes, discharge summaries, consultation reports, laboratory tests, radiological test reports, statements, information related to psychiatric or psychological care, information related to diagnosis or treatment of AIDS, HIV, or any other sexually transmitted disease, information concerning treatment for alcohol and/or drug abuse, or other records in your custody or control.

4. This information will be used/disclosed for the following purpose(s):

This information is to be disclosed for the purpose of use in a civil action in which the patient's physical and/or mental condition is at issue.

5. This authorization can be revoked at any time by the patient. To revoke the Authorization, the patient must provide written notice of revocation to the provider of the individually identifiable health information. Such revocation will only be effect from the date it is received and will not apply to information that has already been released in response to this Authorization.

6. Patient's (or patient's representative's) refusal to sign this authorization will not affect patient's eligibility for benefits, or his/her ability to obtain treatment, receive payments, or enroll in a health plan.

Unless otherwise revoked, this Authorization will expire 120 days from the date signed, or at the conclusion of the civil action, whether by trial, settlement, or other conclusion.

7. A copy of this Authorization will be provided to the patient after it is signed. A photocopy of this Authorization has the same force and effect as the original executed Authorization.

SIGNED: _____

James L. Palmer

DATE: 7-16-13

Printed name of patient: James L. Palmer

Description of such representative's authority to the patient, if applicable: N/A

G. BRENT BURKS

Licensed in Tennessee
Certified as a Civil Trial Specialist
brent@AskTheInsidersNow.com



CHRISTOPHER GENTRY

Licensed in Tennessee and Georgia
chris@AskTheInsidersNow.com

*By the Tennessee Commission on
Continuing Legal Education and Specialization



A PROFESSIONAL CORPORATION

323 High Street • Chattanooga, TN 37403

PO Box 11107 • Chattanooga, TN 37401-2107

423-265-1100 • 800-779-5822 • Fax 423-756-8120 • 423-266-1981

1111 N. Northshore Drive, Suite P-290 • Knoxville, TN 37919

865-450-8946 • 855-676-1100 • Fax 865-450-8948

www.AskTheInsidersNow.com

JAMES R. KENNAMER

Licensed in Tennessee, Alabama & Georgia
Certified as a Civil Trial Specialist
jay@AskTheInsidersNow.com



R. LEW BELVIN, III

Licensed in Tennessee
law@AskTheInsidersNow.com

JOHN D. MCMAHAN

Of Counsel

Certified in Medical Malpractice
and Civil Trial Specialist
American Board of Professional
Liability Attorneys

July 1, 2013

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

**Ron Calisher, Administrator
Specialty Surgery Center, PLLC
116 Brown Avenue
Crossville, TN 38555**

**Re: NOTICE OF CLAIM PURSUANT TO TENNESSEE CODE ANNOTATED §29-26-122
Patient & Claimant: Wanda L. Reed**

Dear Mr. Calisher:

This notice is being provided to you as the administrator for Specialty Surgery Center, PLLC. Please read the following:

The full name and date of birth of the patient whose treatment is at issue:

Wanda L. Reed

Social Security [REDACTED]

Date of Birth: [REDACTED]

The name and address of the claimant authorizing this notice and the relationship to the patient is:

**Wanda L. Reed - Patient & Claimant
245 Happy Top Road, Grandview, TN 37337**

The name and address of the attorney sending this Notice is:

**James R. Kennamer, Esq.
McMAHAN LAW FIRM
P.O. Box 11107
Chattanooga, TN 37401-2107
(423) 265-1100**

This will confirm that I am the attorney representing Wanda L. Reed, the claimant and patient. I am giving you notice pursuant to TENNESSEE CODE ANNOTATED §29-26-121 that a medical malpractice claim will be filed against Specialty Surgery Center, PLLC within the time period required by law. The claim arises out of the severe personal injuries suffered by Wanda L. Reed when she was injected with contaminated drug products while Wanda L. Reed was under the care and treatment of Specialty Surgery Center, PLLC. The contaminated drug products were obtained by Specialty Surgery Center, PLLC from New England Compounding Pharmacy, LLC.

I HAVE REQUESTED THAT SPECIALTY SURGERY CENTER, PLLC PROVIDE TO THE McMAHAN LAW FIRM A FULL AND COMPLETE COPY OF THE ENTIRE MEDICAL RECORDS AND THE ITEMIZED MEDICAL BILLING STATEMENTS OF SPECIALTY SURGERY CENTER, PLLC, WITH REGARD TO WANDA L. REED.

I HAVE REQUESTED THAT SPECIALTY SURGERY CENTER, PLLC PROVIDE TO THE McMAHAN LAW FIRM A FULL AND COMPLETE COPY OF ANY OTHER DOCUMENTS WHATSOEVER WHICH WERE GENERATED, CREATED AND/OR ARE MAINTAINED BY SPECIALTY SURGERY CENTER, PLLC, AND WHICH IN ANY WAY DISCUSS OR RELATE TO WANDA L. REED.

I AM ENCLOSING A HIPAA-COMPLIANT AUTHORIZATION SIGNED BY WANDA L. REED, THAT AUTHORIZES RELEASE TO THE McMAHAN LAW FIRM OF A COMPLETE COPY OF THESE MEDICAL AND OTHER DOCUMENTS.

The medical malpractice claim will be filed by Wanda L. Reed. As required by TENNESSEE CODE ANNOTATED §29-26-122(a)(2)(E), Wanda L. Reed, has executed a HIPAA-compliant medical authorization [enclosed herein] that authorizes you to obtain complete medical records relating to Wanda L. Reed. For your information, Wanda L. Reed has received evaluation and treatment for her injuries with the following medical providers:

**Cookeville Regional Medical Center
142 W. 5th Street
Cookeville, TN 38501**

**Mark Pierce, M.D.
145 West 4th Street, Suite 202
Cookeville, TN 38501**

**Premier Diagnostic Imaging
315 Washington Avenue, Suite 103
Cookeville, TN 38501**

If any health care provider does not accept this HIPAA-compliant medical authorization for any reason, then please contact my offices immediately. We will use our best efforts to execute and provide a form of HIPAA-compliant medical authorization which is acceptable to the health care provider that will permit you to obtain complete medical records from that provider concerning Wanda L. Reed. Please be advised that neither this Notice nor the medical authorization waives the common law physician-patient privilege concerning the care and treatment of Wanda L. Reed.

Any correspondence or discussions with this firm about this matter should be directed to me. Please forward this Notice and the enclosures to the appropriate persons at Specialty Surgery Center, PLLC. We believe that this letter complies with the letter and spirit of TENNESSEE CODE ANNOTATED §29-26-121. If you or your counsel believe it is deficient in any way, then please promptly let us know and any defect will be promptly cured. If we do not promptly hear from you, then we will assume that you and your legal counsel believe that the letter complies with the law in all respects.

Thank you for your attention hereto.

Very truly yours,

McMAHAN LAW FIRM



James R. Kennamer
For the Firm

JRK/pwp
Enclosures

**NAME AND ADDRESS OF ALL HEALTH CARE PROVIDERS TO WHOM THIS NOTICE IS
BEING SENT PURSUANT TO TENNESSEE CODE ANNOTATED § 29-26-121(A) OF A POTENTIAL
CLAIM FOR MEDICAL MALPRACTICE:**

1. **Specialty Surgery Center, PLLC
116 Brown Avenue
Crossville, TN 38555**

Each provider above is being sent a HIPAA-compliant medical authorization permitting each to obtain complete medical records.